



T Massachusetts Bay Transportation Authority

Boston Visitor Pass By Mail Order Form

*Please complete this form
and send with payment to:*

MBTA REVENUE DEPARTMENT
Ten Park Plaza, Room 4730
Boston, MA 02116
Attention: Visitor Pass

Method of payment:

Certified, Cashier or Business Check
No cash, personal checks or credit cards.

Ship to:

Organization Name _____

Address _____

City _____ **State** _____ **Zip** _____

Contact Name _____ **Title** _____

Contact Telephone _____ **Fax** _____

e-mail _____

Choose your pass type:

PASS TYPE	QUANTITY		UNIT PRICE	AMOUNT
1 Day	_____	x	\$7.50	\$ _____
3 Consecutive Day	_____	x	\$18.00	\$ _____
7 Consecutive Day	_____	x	\$35.00	\$ _____
TOTALS	_____		CHECK DUE FOR TOTAL	\$ _____

Please sign here:

Signature of Applicant _____ **Date** _____

For more information contact:

Sorrenia Dillon (617) 222-6117
e-mail: sdillon@mbta.com

Please allow two weeks for processing upon receipt.